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PTO/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0032

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted with Initial Filing OR Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	Berge-1
First Named Inventor	Berge
COMPLETE IF KNOWN	
Application Number	/ Herewith
Filing Date	Herewith
Group Art Unit	TBA
Examiner Name	TBA

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

VARIABLE FOCUS LENS

The specification of which

(Title of the Invention)

is attached hereto
OR

was filed on (MM/DD/YYYY) **6 APRIL 2000** as United States Application Number or PCT International

Application Number **09/529 193** and was amended on (MM/DD/YYYY) _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?
PCT/FR98/02143 97/12781	PCT FR	10/7/98 10/8/97	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

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Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 35(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number <i>(if applicable)</i>	
<input type="checkbox"/> Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.			
As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: <input type="checkbox"/> Customer Number <input type="text"/> → <i>Place Customer Number Bar Code Label here</i> OR <input checked="" type="checkbox"/> Registered practitioner(s) name/registration number listed below			
Name	Registration Number	Name	Registration Number
Arthur L. Plevy Edward J. Howard	24,277 42,670	Jonathan M. Darcy Paul A. Schwarz Jane E. Alexander	44,054 37,577 36,014

<input type="checkbox"/> Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.			
Direct all correspondence to: <input type="checkbox"/> Customer Number <input type="text"/> OR <input checked="" type="checkbox"/> Correspondence address below			
Name	Arthur L. Plevy, Esq.; BUCHANAN INGERSOLL, P.C.		
Address	650 College Road East, 4th Floor		
Address			
City	Princeton	State	NJ
Country	US	Telephone	609-987-6880
		Fax	609-520-0360

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle if any) <i>Bruno</i>		Family Name or Surname <i>Berge</i>				
Inventor's Signature	<i>Bruno BERGE</i>			Date	<i>May 15/2000</i>	
Residence: City	LYON	State	Country	FR	<i>T-RX</i>	
Post Office Address	15, Rue Romarin					
Post Office Address						
City	LYON	State	69001	ZIP	Country	FR
<input type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto						

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DECLARATION**ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 1**

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])		Family Name or Surname				
Jerome		Peseux				
Inventor's Signature	Paseur PESEUX JEROME			Date	May/15/2000	
Residence: City	LA GRANDE MOTTE	State	Country	FR	Citizenship	FR
Post Office Address	Les Dunes d'Or, Appartement 202					
Post Office Address	171, Allée du Mini-golf					
City	LA GRANDE MOTTE	State	34280	ZIP	Country	FR
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])		Family Name or Surname				
Inventor's Signature				Date		
Residence: City		State	Country		Citizenship	
Post Office Address						
Post Office Address						
City		State		ZIP	Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])		Family Name or Surname				
Inventor's Signature				Date		
Residence: City		State	Country		Citizenship	
Post Office Address						
Post Office Address						
City		State		ZIP	Country	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Attorney Docket No.

VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS
(37 CFR 1.9 (f) and 1.27 (c)) -- SMALL BUSINESS CONCERN

I hereby declare that I am

the owner of the small business concern identified below
 an official of the small business concern empowered to act on behalf of the concern identified below:

NAME OF CONCERN UNIVERSITE JOSEPH FOURIER

ADDRESS OF CONCERN 621, Avenue Centrale, B.P. 53, 38041 GRENOBLE CEDEX 9, FRANCE

I hereby declare that the above-identified small business concern qualifies as a small business concern as defined in 13 CFR 121.3-18, and reproduced in 37 CFR 1.9(d), for purposes of paying reduced fees under section 41 (a) and (b) of Title 35, United States Code, in that the number of employees of the concern, including those of its affiliates, does not exceed 500 persons. For purposes of this statement, (1) the number of employees of the business concern is the average over the previous fiscal year of the concern of the persons employed on a full-time, part-time or temporary basis during each of the pay periods of the fiscal year, and (2) concerns are affiliates of each other when either, directly or indirectly, one concern controls or has the power to control the other, or a third party or parties controls or has the power to control both.

I hereby declare that rights under contract of law have been conveyed to and remain with the small business concern identified above with regard to the invention, entitled VARIABLE FOCUS LENS
by inventor(s) BERGE Bruno, PESEUX Jérôme
described in

the specification filed herewith
 Application Serial No. 09/529 193, filed 6 APRIL 2000.
 Patent No. _____, issued _____.

If the rights held by the above-identified small business concern are not exclusive, each individual, concern or organization having rights to the invention is listed below* and no rights to the invention are held by any person, other than the inventor, who could not qualify as a small business concern under 37 CFR 1.9(d) or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).

*NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27)

FULL NAME UNIVERSITE JOSEPH FOURIER

ADDRESS SAME AS ABOVE

Individual Small Business Concern Nonprofit Organization

FULL NAME _____

ADDRESS _____

Individual Small Business Concern Nonprofit Organization

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF PERSON SIGNING Claude FEUERSTEIN

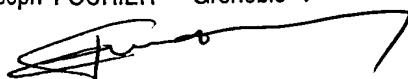
TITLE OF PERSON OTHER THAN OWNER President

ADDRESS OF PERSON SIGNING UNIVERSITE JOSEPH FOURIER

621, Avenue Centrale, B.P. 53, 38041 GRENOBLE CEDEX 9, FRANCE

SIGNATURE Le Président de l'Université DATE 22-5-2000

Joseph FOURIER - Grenoble 1



Claude FEUERSTEIN